

Applicant Name _____

NAIC No. _____

FEIN: _____

Uniform Consent to Service of Process

_____ Original Designation

_____ Amended Designation

(must be submitted directly to states)

Insurer Name: _____

Previous Name (if applicable): _____

Home Office Address: _____

City, State, Zip: _____ NAIC CoCode: _____

The entity named above, organized under the laws of _____, for purposes of complying with the laws of the State(s) designated hereunder relating to the holding of a certificate of authority or the conduct of an insurance business within said State(s), pursuant to a resolution adopted by its board of directors or other governing body, hereby irrevocably appoints the officers of the State(s) and their successors identified in Exhibit A, or where applicable appoints the required agent so designated in Exhibit A hereunder as its attorney in such State(s) upon whom may be served any notice, process or pleading as required by law as reflected on Exhibit A in any action or proceeding against it in the State(s) so designated; and does hereby consent that any lawful action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within the State(s) so designated; and agrees that any lawful process against it which is served under this appointment shall be of the same legal force and validity as if served on the entity directly. This appointment shall be binding upon any successor to the above named entity that acquires the entity's assets or assumes its liabilities by merger, consolidation or otherwise; and shall be binding as long as there is a contract in force or liability of the entity outstanding in the State. The entity hereby waives all claims of error by reason of such service. The entity named above agrees to submit an amended designation form upon a change in any of the information provided on this power of attorney.

Applicant Officers' Certification and Attestation

The Officers of the Applicant must read the following very carefully:

1. I hereby certify, under penalty of perjury, that I have read the application, that I am familiar with its contents, and that all of the information, including the attachments, submitted in this application is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license discipline or other administrative action and may subject me, the Applicant, or both, to civil or criminal penalties.
2. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions in which the Applicant is licensed or to which the Applicant is applying for licensure.
3. I acknowledge that I am the _____ of the Applicant, am authorized to execute and am executing this document on behalf of the Applicant.
4. I hereby certify under penalty of perjury under the laws of the applicable jurisdictions that all of the forgoing is true and correct, executed this _____ at _____.

Date

Signature of President

Initials

Full Legal Name of President

Date

Signature of Secretary

Initials

Full Legal Name of Secretary

Applicant Name _____

NAIC No. _____

FEIN: _____

Uniform Consent to Service of Process

Place an "X" before the names of all the States for which the person executing this form is appointing the designated agent in that State for receipt of service of process:

Exhibit A

| | | | |
|--------|--|--------|---|
| ___ AL | Commissioner of Insurance # and Resident Agent* | ___ MT | Commissioner of Insurance # |
| ___ AK | Director of Insurance # | ___ NE | Officer of Company* or Resident Agent* (circle one) |
| ___ AZ | Director of Insurance # ^ | ___ NH | Commissioner of Insurance # |
| ___ AR | Commissioner of Insurance # | ___ NV | Commissioner of Insurance of Insurance Commission # ^ |
| ___ AS | Commissioner of Insurance # | ___ NJ | Commissioner of Banking and Insurance ** |
| ___ CO | Commissioner of Insurance # or Resident Agent* (circle one) ^ | ___ NM | Superintendent of Insurance # |
| ___ CT | Commissioner of Insurance # | ___ NY | Superintendent of Insurance # ^ |
| ___ DE | Commissioner of Insurance and Securities # | ___ NC | Commissioner of Insurance |
| ___ DC | Commissioner of Insurance and Securities Regulation # or Local Agent* (circle one) | ___ ND | Commissioner of Insurance # ^ |
| ___ FL | Commissioner of Insurance # ^ | ___ OH | Resident Agent* |
| ___ GA | Commissioner of Insurance and Safety Fire # and Resident Agent* | ___ OR | Resident Agent* |
| ___ GU | Commissioner of Insurance # | ___ OK | Commissioner of Insurance # |
| ___ HI | Insurance Commissioner # and Resident Agent* | ___ PR | Commissioner of Insurance # |
| ___ ID | Director of Insurance # ^ | ___ RI | Superintendent of Insurance # |
| ___ IL | Director of Insurance # | ___ SC | Superintendent of Insurance # |
| ___ IN | Resident Agent* ^ | ___ SD | Director of Insurance # ^ |
| ___ IA | Commissioner of Insurance # | ___ TN | Commissioner of Insurance # |
| ___ KS | Commissioner of Insurance # ^ | ___ TX | Resident Agent* |
| ___ KY | Secretary of State # | ___ UT | Resident Agent* ^ |
| ___ LA | Secretary of State # | ___ VT | Secretary of State # |
| ___ MD | Insurance Commissioner # | ___ VI | Lieutenant Governor/Commissioner# |
| ___ ME | Resident Agent* ^ | ___ WA | Insurance Commissioner # ^ |
| ___ MI | Commissioner of Insurance # | ___ WV | Secretary of State # @ |
| ___ MN | Commissioner of Commerce # | ___ WY | Commissioner of Insurance # |
| ___ MS | Commissioner of Insurance # and Resident Agent* | | |

For the forwarding of Service of Process received by a State Officer complete Exhibit B listing by state the entities (one per state) with full name and address where service of process is to be forwarded. Use additional pages as necessary. Exhibit not required for Kansas, New Jersey, and North Carolina. Florida accepts only an individual as the entity.

* Attach a completed Exhibit B listing the Resident Agent for the insurer (one per state). Include state name, Resident Agent's full name and street address. Use additional pages as necessary.

^ Initial pleadings only

@ Form accepted only as part of a Uniform Certificate of Authority application.

Company Name _____ NAIC# _____ FEIN # _____ Date ____/____/____ Initials _____

Applicant Name _____

NAIC No. _____

FEIN: _____

Exhibit B

Complete for each state indicated in **Exhibit A**:

State _____ Name of Entity _____

Mailing Address _____

Street Address _____

State _____ Name of Entity _____

Mailing Address _____

Street Address _____

State _____ Name of Entity _____

Mailing Address _____

Street Address _____

State _____ Name of Entity _____

Mailing Address _____

Street Address _____

State _____ Name of Entity _____

Mailing Address _____

Street Address _____

State _____ Name of Entity _____

Mailing Address _____

Street Address _____

Company Name _____ NAIC# _____ FEIN # _____ Date ____/____/____ Initials _____

Applicant Name _____

NAIC No. _____
FEIN: _____

Resolution Authorizing Appointment of Attorney

BE IT RESOLVED by the Board of Directors or other governing body of

_____,
(company name)

this _____ day of _____, 20 _____, that the President and Secretary of said entity be and are hereby authorized by the Board of Directors and directed to sign and execute the Uniform Consent to Service of Process to give irrevocable consent that actions may be commenced against said entity in the proper court of any jurisdiction in the state(s) of

in which the action shall arise, or in which plaintiff may reside, by service of process in the state(s) indicated above and irrevocably appoints the officer(s) of the state(s) and their successors in such offices or appoints the agent(s) so designated in the Uniform Consent to Service of Process and stipulate and agree that such service of process shall be taken and held in all courts to be as valid and binding as if due service had been made upon said entity according to the laws of said state.

CERTIFICATION

I, _____, Secretary of

_____,
(company name)

state that this is a true and accurate copy of the resolution adopted effective the ____ day of _____, 20____ by the Board of Directors or governing board at a meeting held on the _____ day of _____, 20 ____ or by written consent dated ____ day of _____, 20 ____.

Secretary